

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A1097</u> Code assigned by DOJ	Type of Application: <u>License, Cert or Permit</u>
Job Title or Type of License, Certification or Permit: <u>Guide Dog Instructor</u>	

Agency Address Set Contributing Agency: <u>Guide Dog Board</u>		<u>01500</u> Mail Code (five digit code assigned by DOJ)
Agency authorized to receive criminal history information <u>1625 N Market Blvd., Suite S-202</u>		Contact Name (Mandatory for all school submissions)
Street No. <u>Sacramento</u> City	Street or P.O. Box <u>CA</u> State	<u>95834</u> Zip Code
		<u>(916) 574-7825</u> Contact Telephone No.

Name of Applicant: _____ (please print) Last First MI		
Alias: _____ Last First		Driver's License No. _____
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- <u>Applicant Must Pay</u> Agency Billing Number (if applicable)
Height: _____	Weight: _____	Misc. No: <u>N/A</u>
Eye Color: _____	Hair Color: _____	Home Address: _____ Street or P.O. Box
Place of Birth: _____	_____ City, State and Zip Code	
SOC: _____		

Your Number: <u>N/A</u> OCA No. (Agency Identifying No.)	Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If resubmission, list Original ATI No. _____	

Employer: (Additional response for agencies specified by statute) <u>N/A</u>		
Employer Name _____		
<u>N/A</u> Street No. Street or P.O. Box		<u>N/A</u> Mail Code (five digit code assigned by DOJ)
<u>N/A</u> City State Zip Code		<u>() N/A</u> Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Name of Operator		Date: _____
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE***Applicant Submission***

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Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Guide Dog Instructor

Agency Address Set Contributing Agency:

Guide Dog Board01500

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

1625 N Market Blvd., Suite S-202

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento CA 95834(916) 574-7825

City State Zip Code

Contact Telephone No.

Name of Applicant:

(please print)

Last

First

MI

Alias:

Last

First

Driver's License No.

Date of Birth:

Sex:

☐

Male

☐

Female

Misc. No. **BIL-**Applicant Must Pay

Agency Billing Number (if applicable)

Height:

Weight:

Misc. No:

N/A

Eye Color:

Hair Color:

Home Address:

Street or P.O. Box

Place of Birth:

City, State and Zip Code

SOC:

Your Number:

N/A

OCA No. (Agency Identifying No.)

Level of Service

☒

DOJ

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FBI

If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statute)

N/A

Employer Name

N/AN/A

Street No.

Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

N/A

City

State

Zip Code

()

N/A

Agency Telephone No. (optional)

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Transmitting Agency

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01500

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(please print) Last First MI

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Last First

Date of Birth: _____ Sex: ☐ Male ☐ Female Misc. No. **BIL-** Applicant Must Pay
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City State Zip Code

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